



### **PRIVACY RELEASE FORM**

Due to the enactment of the "Right to Privacy Act," it is necessary for you to complete and sign this form authorizing me and members of my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented to my office.

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Work: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please provide any agency case numbers that reference your case (i.e. Tax ID number, Veterans Administration claim number, Alien Registration No., Military ID number) \_\_\_\_\_

Please explain the nature of your problem and attach any correspondence which supports your statement or which relates to your case: (If necessary, use additional paper to complete)

Please state the outcome you are seeking:

I understand that in order for you to respond fully to my request, it may be necessary for you or your staff to review those federal records that contain information you will need to assist me. By signing this form, I hereby authorize the appropriate federal agencies to release to you such information as you may require.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form to my office in Houston: 7707 Fannin, Suite 203 Houston, TX 77054